
CHEMICAL DEPENDENCY IN NURSING

THE DEADLY DIVERSION

Eleanor
Sullivan

LeClair
Bissell

Etta
Williams



CHEMICAL DEPENDENCY IN NURSING

THE DEADLY DIVERSION

Eleanor Sullivan, PhD, RN

LeClair Bissell, MD, CAC

Etta Williams, MPA, RN, SCADC



ADDISON-WESLEY PUBLISHING COMPANY

Health Sciences Division, Menlo Park, California

Reading, Massachusetts ■ Menlo Park, California ■ New York

Don Mills, Ontario ■ Wokingham, England ■ Amsterdam

Bonn ■ Sydney ■ Singapore ■ Tokyo ■ Madrid ■ Bogota

Santiago ■ San Juan

Sponsoring Editor Nancy Evans
Production Supervisor Wendy Earl
Text and Cover Designer Andrew H. Ogun
Cover Photographer Richard Tauber
Manuscript Editor Wendy Earl
Desktop Publisher Robin Ann Gold

Copyright © 1988 by Addison-Wesley Publishing Company, Inc.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the prior permission of the publisher. Printed in the United States of America. Published simultaneously in Canada.

The author and publishers have exerted every effort to ensure that drug selection and dosage set forth in this text are in accord with current recommendations and practice at the time of publication. However, in view of ongoing research, changes in government regulations and the constant flow of information relating to drug therapy and drug reactions, the reader is urged to check the package insert for each drug for any change in indications of dosage and for added warnings and precautions. This is particularly important where the recommended agent is a new and/or infrequently employed drug.

Library of Congress Cataloging-in-Publication Data
Sullivan, Eleanor J., 1938-
Chemical dependency in nursing.

Bibliography: p.
Includes index.

1. Nurses—Substance use. 2. Substance abuse—Treatment.
3. Nursing—Psychological aspects.
I. Bissell, LeClair. II. Williams, Etta. III. Title.
[DNLM: 1. Nurses—psychology. 2. Nursing. 3. Substance Abuse.
4. Substance Dependence. WM 270 S949c]
RC564.5.N87S85 1988 616.86'0088613 87-31887

ISBN 0-201-07581-4

DEFGHIJ-BA-89109



Addison-Wesley Publishing Company
Health Sciences Division
2725 Sand Hill Road
Menlo Park, California 94025

Chemical Dependency in Nursing



diversion (da - vur' - zhan) n. [ME. *diversioun* < ML. *divusio* (for LL. *deversio*)] 1. a diverting, or turning aside (*from*) [*diversion* of funds from the treasury] 2. distraction of attention [*diversion* of the enemy] 3. anything that diverts or distracts the attention; specif., a pastime or amusement.

Websters New World Dictionary

To my children, for their never ending support, and to Ellen Fahy, for continuing encouragement.

E.S.

To Nancy, who knows why.

LeC.B.

To my husband, Ben Farney, and to LeClair Bissell, for being such truly good friends and extending my limits.

E.W.

FOREWORD

More than 20 years ago, I worked as a young staff nurse on a general medical unit that was considered a training and testing ground for new graduates. About the only thing that made this floor bearable was its head nurse. She was tall, white-haired, tough, compassionate, competent, and fair. Patients loved her, physicians respected her, and her staff idolized her. I thought surely she was the best nurse in the hospital, probably in the whole world. So, when I first discovered discrepancies in the narcotics records, I was sure there was a reasonable explanation. When her behavior changed, I was sure it was merely fatigue. And when she was stripped of her job, her license, and her freedom, I was devastated. Not *because* of her but *for* her. Although not, surely not, as devastated as she.

Surveys of health professionals indicate that most of us view chemical dependency as a treatable disease *unless* the chemically dependent person is a colleague. Then, we try to act as if such behavior results from a moral defect.

Research also shows—repeatedly—the effect that professionals have on one another. When exposed to excellent practice and compassionate behavior, professionals emulate one another. When exposed to sloppy practice and harsh behavior, unfortunately they also

tend to emulate one another. These findings are independent of background, education, and experience. Apparently values—including professional values—are not learned from books and somehow embedded in our characters. Rather they are transmitted by direct contact and require frequent renewal for survival. Apparently we refresh and renew one another's values through demonstrating them, or they wither and die. This reinforcement is necessary with our nursing practice, and it is also true in our collegial relationships.

Nursing exists only in its practice and in its practitioners. Each day in practice you and I create or diminish the profession. *The nurse is nursing* and anything that undermines or destroys the practitioner undermines and destroys the profession.

Unquestionably, chemical dependency undermines and, if untreated, destroys the practitioner and wounds the profession. Estimates of nurses affected by chemical dependency (primarily alcohol and other drugs) range between 10% and 20% of all actively practicing nurses. Easy access, the mistaken belief that professionals can "self-medicate" safely, the "drug culture" in which many of us grew up are just a few of the reasons.

CHEMICAL DEPENDENCY IN NURSING: The Deadly Diversion represents a breakthrough toward ending the "throwaway nurse syndrome." It is the first comprehensive guide on how to deal effectively and humanely with the problem, from identification of the chemically dependent nurse through intervention, treatment, and reentry into the job market.

The authors bring rich and varied experience and knowledge to this topic; all three have worked with chemically dependent nurses and have written and lectured widely on the topic. Their goals in writing this book were, first, to bring the problem out in the open and, second, to provide practical, hands-on help in dealing with it.

They offer no easy answers; instead, they make an eloquent plea for collegial commitment to finding solutions—commitment from *both* management and staff. They ask that all of us care enough to help one another for our own sake and for the sake of the profession.

From a purely practical viewpoint, we can no longer afford to "throw away" between 10% and 20% of existing nurses when we are facing a shortage of up to a quarter of a million nurses by 1992. For the

sake of patients, families, and institutions, we cannot afford to ignore the problem. Impaired practice is a very real danger...a deadly diversion of precious human resources.

This new book offers hope and a means to end the "throwaway nurse syndrome."

Leah Curtin, MS, MN, RN, FAAN

Adapted by permission from Editorial Opinion, *Nursing Management*, July, 1987

PREFACE

This book is for people in health care who are concerned about the nurses and their families who suffer from alcoholism or addiction to other drugs. This includes nursing administrators and risk managers, employee assistance program personnel, members of regulatory boards, nursing educators, friends, and colleagues.

We explore the nature and extent of chemical dependency in the nursing profession and the efforts undertaken to confront it, the characteristics of chemically dependent nurses, and the special problems they face as members of their profession. We review the advantages and disadvantages of different approaches and suggest solutions to some of the common problems encountered. We also present current research data and suggest additional work that needs to be done.

We approach this topic with certain basic assumptions. First, chemical dependency is a disease, not a lifestyle or a moral problem; and second, sustained recovery can only be achieved through ongoing, lifelong, and total abstinence from the mood-altering drugs of addiction. A variety of terms are used in conjunction with this disease, and there are numerous interpretations and definitions of addiction. In our context, the term chemical dependency refers to addiction to alcohol and other mood-altering drugs.

We hope our readers are interested in learning about chemical dependency and in applying what they learn. This is not, however, a

game for amateurs; too much is at stake. To become knowledgeable and effective, you do not have to have a history of personal involvement with addictive illness. You must, however, examine your own attitudes about addiction and your preconceptions about nurses and the health care professions. You must also take a hard look at your own and your family's patterns of drinking and other drug use. As we emphasize repeatedly, honesty is essential. Denial of reality is the major obstacle in coping with the disease of chemical dependency for both the addict and his or her associates.

In presenting our knowledge and insights about chemical dependency, we have made some assumptions about our readers. We assume that they are concerned and caring and that they are seeking positive solutions to the problems of chemical dependency—solutions that can restore the life of the person suffering from the disease, as well as help and protect the friends, families, co-workers, patients, and institutions affected by the afflicted person.

As professionals and as employers it is hard to accept this illness within our ranks. It may be shocking—even horrifying—to learn that a colleague or employee is chemically dependent. But if we react with outrage and punishment alone, we convey the message that these matters must stay hidden. As we discuss, covering up and ignoring this disease has been dangerous and costly. By facing the problem and providing ways to overcome it successfully, we help individuals in need *and* we benefit the reputation of our profession and our health care institutions.

For those readers who are already involved in assisting and treating chemically dependent nurses, we appreciate your efforts. Nurses can be difficult patients. We hope this book will help you understand the special factors that are important to consider when dealing with chemically dependent nurses.

ABOUT THE AUTHORS

We have among us the combined experience of personal recovery from alcoholism and other drug addiction, of living with a chemically dependent person, of professionally treating a variety of health care professionals for chemical dependency, and of service on state regulatory boards and in nurses' associations. We have served on committees for impaired health care professionals. We have struggled with the language of model legislation for chemically dependent nurses, and we have helped professional associations and employers plan for the needs of chemically dependent nurses in a variety of settings. We have been consultants, expert witnesses, intervenors, monitors of abstinence, and worriers. We have lectured, testified before Congress and state legislatures, conducted research on chemical dependency in nurses, written about the issues, and planned and presented educational programs.

This issue has been a passion for us at times, as well as a source of heartbreak and exultation, of frustration, and also enormous gratification.

Through this book, we offer what we know. There is still much to learn and much to accomplish. The work is hard, challenging, misunderstood, and underfunded. We need to pool our resources and our knowledge, and to work together to overcome this dangerous and difficult problem for our colleagues, our friends, and our professions. It is our hope that this book will take us a few steps toward the solution we all seek.

Eleanor Sullivan
LeClair Bissell
Etta Williams

ACKNOWLEDGMENTS

We wish to extend our appreciation and thanks to:

- The manuscript preparation team: Germaine Freese, research assistant; Carole Mandis, secretary; Eileen Deitcher, editorial assistant; and Sandra Sheldon, typist.
- Pharmacist Carol Bohach, who gave us valuable information on drug testing.
- The staff at Addison-Wesley Health Sciences Division, in particular, sponsoring editor Nancy Evans, production supervisor Wendy Earl, and editorial assistant Laurie Bryant.
- Our reviewers, whose constructive suggestions enhance the quality of this book: Sally Farnham, RN, MSN, California State University, Los Angeles; Patricia Green, MSW, MSN, Chair, Impaired Nurse Committee, National Nurses Society on Addictions, and member, American Nurses' Association Committee on Impaired Nursing Practice; Rick Palmisano, RN, BSN and Dawn Veatch, RN, MSN, Northwestern Memorial Hospital, Chicago; Jody Ross Yeary, PhD, MFCC, Marriage and Family Counselor, San Francisco.

And finally, we offer special thanks to the pioneers: Millicent Buxton, Rose Dilday, Barbara Ensor, Pat Green, Betty Harakal, Marty Jessup, Doris Leffler, and Nancy Miller-Cross, and to all the nurses who shared their stories with us in an attempt to "change the things we can."

CONTENTS

Foreword	vii
Preface	xvii
CHAPTER 1	
THE IMPERATIVE OF CHEMICAL DEPENDENCY MANAGEMENT FOR THE NURSING PROFESSION	1
Introduction: The Deadly Diversion	1
The Throwaway Nurse Syndrome/The Hidden Costs of Chemical Dependency	
Understanding the Disease	3
Defining Chemical Dependency/Loss of Judgment and Control/Compulsion to Use	
Dual Impairment—Psychopathology and Addictions	6
Psychiatric and Emotional Problems/Physical Problems	
Chemical Dependency in Nurses	8
Is Nursing Different?/Special Populations Within the Nursing Profession/Gender Differences/Choice of Drugs	

Continued

Chapter 1, continued

The Prevalence of Chemical Dependency in the Nursing Profession	15
Surveys/Licensure Sanctions/Population in Treatment/Correlations with Other Illnesses/Educated Guesses	
Why Is the Problem Obscured?	19
The Conspiracy of Silence/Educational Factors	
Organized Nursing Responses	21

CHAPTER 2

IDENTIFYING THE CHEMICALLY DEPENDENT NURSE	23
Seeing Is Not Believing: Denial of the Problem	23
Common Denial Mechanisms/Denial and Job Termination/Denial Among Nurses	
How Nurses Conceal Addictions	25
Prescribed Drugs/Hospital Drugs/Alcohol and "Street" Drugs/Drug Procurement for Others	
Signs and Symptoms of Addiction	29
Background Indicators/Behavioral Signs/Physical Symptoms/Narcotics Discrepancies/Additional Signs and Symptoms	

CHAPTER 3

INTERVENTION	34
Removing the Web of Denial	34
Knowing When to Act	35
Intervention: Facing the Problem	40
The Johnsonian Intervention/Peer Intervention/Employment-Related Intervention/Combined Approaches/The Well-Planned Intervention	

CHAPTER 4

TREATMENT 49

Individualizing Treatment 49

Physiologic Factors and Nature of the Addiction/The Patient's
Attitude and Motivation/The Nurse as Patient/Other Factors

The Continuum of Care 55

Withdrawal/Primary Care/Continuing Care/Self-Care

Nurses' Support Groups 64

Assessing the Quality of a Treatment Program 65

CHAPTER 5

USING DRUGS FOR MONITORING AND
RECOVERY 67

Antabuse® and Trexan® 67

Methadone 69

Psychotropic Drugs 70

Sedatives and Tranquilizers 71

Amphetamines and Antidepressants 72

Antipsychotics 72

Words of Caution 72

CHAPTER 6

REENTRY 74

Hiring a Recovering Nurse 74

Confidentiality of Records/Hiring Discrimination/Successful
Reentry

Planning for Reentry 77

Continued

Chapter 6, continued

Monitoring for Continued Abstinence	78
Monitoring Methods/Contingency Contracting/Who Is Responsible for Monitoring Activities?/What If There Is a Relapse?/Should Nurses' Support Groups Participate in Monitoring?/Respect for Privacy	

CHAPTER 7

SOURCES OF HELP FOR THE CHEMICALLY DEPENDENT NURSE	85
Assistance Needs	85
Legal Assistance/Financial Assistance	
Sources of Assistance	87
State Boards of Nursing/State Nurses' Association Peer Assistance Programs/Employee Assistance Programs/Other Sources of Assistance	
Funding of Assistance Programs	93

CHAPTER 8

DISCIPLINARY ACTION AND REGULATORY BOARDS	95
When to Resort to Disciplinary Action	95
Mandatory Reporting/When to Report	
The Board of Nursing	97
Legal Constraints/Political Constraints/Roles and Responsibilities/Board Actions	

CHAPTER 9

DRUG TESTING	103
Drug Testing Measurements	103
Definitions	